

Foster Family Home - Corrective Action Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-4

1854 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 12/5/2018

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/05/18. PCG requesting to increase to 3 person CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 1/05/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) & 8.(a)(2) - No proof of APS/CAN and fingerprints for HHM#2, HHM#3, & HHM#4.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:


16.(b)(5) - No proof of confidentiality policies and procedures training for HHM#2, HHM#3, & HHM#4 in home folder.

Foster Family Home Personnel and Staffing [11-800-41]

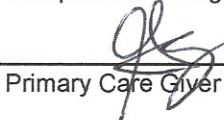
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

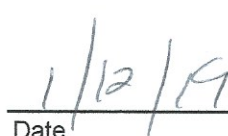
41.(f)(1) - No proof of TB clearance/test for HHM#2, HHM#3, & HHM#4 in home folder.



Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LOVE GRACE GALICINAO

CCFFH Address: 1854 KAM II RD HON HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) + 8.(a)(2)	Household #2, #3, #4 did APS, CAN + fingerprinting on 01/04/19 and 1/2/2019 all received green light determination and placed in home binder	01/04/19 + 01/2/19	Home will use iPhone alert one month before all requirements due to expired and home will have all new household members get background checks upon moving in.
16.(b)(5)	Household #2, #3, #4 have all read and sign confidential training + put in home binder	01/03/19	From now on, all new household members will receive training within seven days of moving in or if added to the home.
41.(F)(i)	TB clearance screening form for household #2, #3, #4 done on 01/19/19 and placed into home record. X-Ray results was also put in home binder for Household #2, #3 and #4.	01/19/19	Home will use notification calendar 2 month before it due to allow time to get done before it expired.

Primary Caregiver's Signature: _____

Print Name: LOVE GRACE GALICINAO

Date of Signature: 1/19/19